

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 164  
424

Registered No. 424

### 1. PLACE OF BIRTH

County Gila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Joe Ruben Aragon (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes

7. Date of birth Dec. 19, 1925 Month Day Year

5. No., in order of birth \_\_\_\_\_

8. FATHER Full name Casimiro Aragon

14. MOTHER Full maiden name Mabel Montoya

9. Residence (Usual place of abode) Miami

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If non-resident, give place and state. Arizona If non-resident, give place and state. Arizona

10. Color or race Mex 16. Color or race Mex

11. Age at last birthday 22 (Years) 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Shoemaker

18. Birthplace (city or place) Raton

(State or country) N. Mex. (State or country) New Mex.

13. Occupation Nature of industry Miner

19. Occupation Nature of industry Housewife

20. Number of children of this mother \_\_\_\_\_

(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born at H.A. m. on the date above stated

(Born alive or stillborn.)

Signature Cyril M. Brown M.D.

Physician (Physician or midwife.)

Address Miami, Arizona

Given name added from a supplemental report \_\_\_\_\_

Month, day, year \_\_\_\_\_

Filed Jan 9, 26 C. E. Davis

Registrar \_\_\_\_\_ Registrar

115-1219-441

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of ea.  
order of birth stated.